

**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 1382-TC-486

First Named Inventor MATSURRA, Tetsufumi

Title CYLINDRICAL BEARING MEMBER AND METHOD OF MANUFACTURING SAME

Express Mail Label No. EV 301974386 US Date Mailed: 3/31/2004

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner of Patents
Mail Stop Patent Application
Alexandria, VA 22313-14501. Fee Transmittal Form
(Submit an original, and a duplicate for fee processing)7. CD-ROM or CD-R in duplicate, large table or
Computer Program (Appendix)2. Applicant claims small entity status
See 37 CFR 1.278. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)3. Specification
(preferred arrangement set forth below)

(Total Pages [12])

a. Computer Readable Form (CRF)

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R&D
- Reference to sequence listing, a table or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure

b. Specification Sequence Listing on

- CD-ROM or CD-R (2 copies); or
- paper

c. Statement verifying identity of above copies4. Drawing(s) (35 USC 113) (Total Sheets [6])**ACCOMPANYING APPLICATION PARTS**5. Oath or Declaration (Total Pages [2])9. Assignment Papers (cover sheet & document(s))

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 CFR 1.63(d))
(for continuation/divisional with Box 17 completed)

10. 37 CFR 3.73(b) Statement Power of
(when there is an assignee) Attorney

- i. DELETION OF INVENTOR(S)
Signed Statement attached deleting inventor(s) named in
the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

11. English Translation Document (if applicable)6. Application Data Sheet See 37 CFR 1.7612. Information Disclosure Statement (IDS)/PTO-1449 Copies of
Citations13. Preliminary Amendment14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)16. Request and certification for non-publication
under 35 U.S.C. 12217. Other: _____**PRIORITY APPLICATIONS**

This application claims priority to the following application(s), each of which is hereby incorporated herein by reference.

Foreign Applications: JAPAN application no. 2003-122217 filed April 25, 2003.

CORRESPONDENCE ADDRESS

Please address all correspondence to Customer Number 000110 to the attention of the individual identified below.


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FEE TRANSMITTAL

Application Number: Not Assigned

Filing Date: Concurrently Herewith

First Named Inventor: MATSURRA

Group Art Unit:

Examiner Name:

Total Amt of Payment (1) + (2) + (3) = 770

Attorney Docket Number: 1382-TC-486

METHOD OF PAYMENT (check one)

The Commissioner is hereby authorized to:

- Charge indicated fees
- Charge additional fees
- Credit overpayments

to the account of DANN, DORFMAN, HERRELL & SKILLMAN
Deposit Account Number 04-1406

Payment enclosed:

Check in the amount of \$770**FEE CALCULATION****1. FILING FEE**

Fee Description	Fee
Utility filing fee	770
Design filing fee	_____
Plant filing fee	_____
Reissue filing fee	_____
SUBTOTAL (1) <u>\$770</u>	

ADDITIONAL FEES

Fee Description	Fee Paid
Surcharge-late filing fee or oath	_____
Surcharge - late provisional filing fee or cover sheet	_____
Extension for response within month	_____
Notice of Appeal	_____
Filing a brief in support of an appeal	_____
Request for oral hearing	_____
Petition to revive unavoidably abandoned application	_____
Petition to revive unintentionally abandoned application	_____
Issue Fee	_____
Petitions to the Commissioner	_____
Petitions related to provisional applications	_____
Submission of Information Disclosure Stmt.	_____
Recording each patent assignment per property	_____
Other fee (specify) <u>Advance Order (10 copies)</u>	_____
SUBTOTAL (3) <u>\$0</u>	

2. Claims Fees

# of Claims - Paid	Extra Claims	Fee/Claim	Fee	
Total Claims	8 - 20 =	0	18	\$0
Indep Claims	3 - 3	0	86	\$0
	=			

Multiple Dependent Claim Fee

SUBTOTAL (2) \$0

Submitted By: Henry H. Skillman Reg. Number 17,352Signature Henry H. Skillman Date March 31, 2004Deposit Account User ID
04-1406